

DIVISION OF HEALTH SERVICES
LEAD GRANT - CITY
JULY 1, 2008 - JUNE 30, 2009
BUDGET NO. 327 & 328-400513 ROLL-UP

ACCT. NO.	ACCOUNT NAME	CURRENT BUDGET	DIFFERENCE	PROPOSED BUDGET
4401	FEDERAL GRANTS	(38,193)	(31,737)	(69,930)
	TOTAL REVENUE	(38,193)	(31,737)	(69,930)
5102	SALARIES & LABOR	26,160	7,500	33,660
	TOTAL SALARIES & LABOR	26,160	7,500	33,660
		-		
5510	RETIREMENT BENEFITS-COUNTY	1,831	419	2,250
5511	OPEB RETIREE INS.	1,766	(16)	1,750
5516	MEDICARE COVERAGE (MQFE)	379	296	675
5520	GROUP LIFE INSURANCE	178	172	350
5540	GROUP HOSPITAL INSURANCE	4,649	501	5,150
5560	DISABILITY INSURANCE	419	6	425
5591	OJI MEDICAL INSURANCE	405	(55)	350
5592	UNEMPLOYMENT COMP INS	86	54	140
	TOTAL FRINGES	9,713	1,377	11,090
6042	MATERIALS & SUPPLIES	1,820	1,930	3,750
	TOTAL SUPPLIES	1,820	1,930	3,750
6443	LABORATORY SVCS.	-	15,000	15,000
6446	LOCAL TRANSPORTATION	500	1,000	1,500
	TOTAL SERVICES	500	16,000	16,500
6628	INSURANCE	-	500	500
	TOTAL PROF. AND CONTRACTED	-	500	500
	TOTAL EXPENDITURES	38,193	27,307	65,500
9804	TR/T INDIRECT COST	-	4,430	4,430
	TOTAL TRANSFERS OUT	-	4,430	4,430
	TOTAL EXPENDITURES AND TRANSFERS	38,193	31,737	69,930
	NET COST	-	-	-

DIVISION OF HEALTH SERVICES
LEAD GRANT - CITY
JULY 1, 2008 - JUNE 30, 2009
BUDGET NO. 328-400513

ACCT. NO.	ACCOUNT NAME	CURRENT BUDGET	DIFFERENCE	PROPOSED BUDGET
4401	FEDERAL GRANTS	-	(52,465)	(52,465)
	TOTAL REVENUE	-	(52,465)	(52,465)
5102	SALARIES & LABOR	-	22,760	22,760
	TOTAL SALARIES & LABOR	-	22,760	22,760
		-	-	-
5510	RETIREMENT BENEFITS-COUNTY	-	1,500	1,500
5511	OPEB RETIREE INS.	-	1,000	1,000
5516	MEDICARE COVERAGE (MQFE)	-	500	500
5520	GROUP LIFE INSURANCE	-	250	250
5540	GROUP HOSPITAL INSURANCE	-	3,000	3,000
5560	DISABILITY INSURANCE	-	250	250
5591	OJI MEDICAL INSURANCE	-	175	175
5592	UNEMPLOYMENT COMP INS	-	100	100
	TOTAL FRINGES	-	6,775	6,775
6042	MATERIALS & SUPPLIES	-	2,000	2,000
	TOTAL SUPPLIES	-	2,000	2,000
6443	LABORATORY SVCS.	-	15,000	15,000
6446	LOCAL TRANSPORTATION	-	1,000	1,000
	TOTAL SERVICES	-	16,000	16,000
6628	INSURANCE	-	500	500
	TOTAL PROF. AND CONTRACTED	-	500	500
	TOTAL EXPENDITURES	-	48,035	48,035
9804	TR/T INDIRECT COST	-	4,430	4,430
	TOTAL TRANSFERS OUT	-	4,430	4,430
	TOTAL EXPENDITURES AND TRANSFERS	-	52,465	52,465
	NET COST	-	-	-

DIVISION OF HEALTH SERVICES
LEAD GRANT - CITY
JULY 1, 2008 - JUNE 30, 2009
BUDGET NO. 327-400513

ACCT. NO.	ACCOUNT NAME	CURRENT BUDGET	DIFFERENCE	PROPOSED BUDGET
4401	FEDERAL GRANTS	(38,193)	20,728	(17,465)
	TOTAL REVENUE	(38,193)	20,728	(17,465)
5102	SALARIES & LABOR	26,160	(15,260)	10,900
	TOTAL SALARIES & LABOR	26,160	(15,260)	10,900
		-		
5510	RETIREMENT BENEFITS-COUNTY	1,831	(1,081)	750
5511	OPEB RETIREE INS.	1,766	(1,016)	750
5516	MEDICARE COVERAGE (MQFE)	379	(204)	175
5520	GROUP LIFE INSURANCE	178	(78)	100
5540	GROUP HOSPITAL INSURANCE	4,649	(2,499)	2,150
5560	DISABILITY INSURANCE	419	(244)	175
5591	OJI MEDICAL INSURANCE	405	(230)	175
5592	UNEMPLOYMENT COMP INS	86	(46)	40
	TOTAL FRINGES	9,713	(5,398)	4,315
6042	MATERIALS & SUPPLIES	1,820	(70)	1,750
	TOTAL SUPPLIES	1,820	(70)	1,750
6443	LABORATORY SVCS.	-	-	-
6446	LOCAL TRANSPORTATION	500	-	500
	TOTAL SERVICES	500	-	500
6628	INSURANCE	-	-	-
	TOTAL PROF. AND CONTRACTED	-	-	-
	TOTAL EXPENDITURES	38,193	(20,728)	17,465
	NET COST	-	-	-

DIVISION OF HEALTH SERVICES
ADMINISTRATION & FINANCE
JULY 1, 2008 - JUNE 30, 2009
BUDGET NO. 010-400301

ACCT. NO.	ACCOUNT NAME	CURRENT BUDGET	DIFFERENCE	PROPOSED BUDGET
9530	RESTRICTED OPER & MAINT	(6,866.00)	4,430.00	(2,436.00)
9629	TRSF/F FEDERAL GRANTS-IND CC	<u>(336,634.00)</u>	<u>(4,430.00)</u>	<u>(341,064.00)</u>
	NET OPERATIONS	<u><u>(343,500.00)</u></u>	<u><u>-</u></u>	<u><u>(343,500.00)</u></u>

DIVISION OF HEALTH SERVICES
LEAD GRANT - CITY OF MEMPHIS
DECEMBER 1, 2008 - JUNE 30, 2009
BUDGET NO. 327-400513
COST CENTER HO513

<u>POSITION NO.</u>	<u>JOB TITLE</u>	<u>STATUS</u>	<u>CURRENT</u>	<u>COMPENSATION DIFFERENCE</u>	<u>PROPOSED</u>
NEW POSITION	ENVIRONMENTAL TECH SPEC.	F	\$0	\$ -	\$0
001525	PUBLIC HEALTH NURSE	F	<u>\$26,160</u>	<u>\$ (15,260)</u>	<u>\$10,900</u>
	Total		<u><u>\$26,160</u></u>	<u><u>\$ (15,260)</u></u>	<u><u>\$10,900</u></u>

PER PAY PERIOD - JULY 1, 2008 THRU NOVEMBER 30, 2008

<u>POSITION NO.</u>	<u>JOB TITLE</u>	<u>STATUS</u>	<u>CURRENT</u>	<u>COMPENSATION DIFFERENCE</u>	<u>PROPOSED</u>
NEW POSITION	ENVIRONMENTAL TECH SPEC.	F	-	\$ 1,825	\$ -
001525	PUBLIC HEALTH NURSE	F	<u>\$2,180</u>	<u>\$ -</u>	<u>\$ 2,180</u>
	Total		<u><u>\$ 2,180</u></u>	<u><u>\$ 1,825</u></u>	<u><u>\$ 2,180</u></u>

DIVISION OF HEALTH SERVICES
LEAD GRANT - CITY OF MEMPHIS
DECEMBER 1, 2008 - JUNE 30, 2009
BUDGET NO. 328-400513
COST CENTER HO513

<u>POSITION NO.</u>	<u>JOB TITLE</u>	<u>STATUS</u>	<u>CURRENT</u>	<u>COMPENSATION DIFFERENCE</u>	<u>PROPOSED</u>
NEW POSITION	ENVIRONMENTAL TECH SPEC.	F	\$0	\$ 7,500	\$7,500
001525	PUBLIC HEALTH NURSE	F	<u>\$0</u>	<u>\$ 15,260</u>	<u>\$15,260</u>
	Total		<u><u>\$0</u></u>	<u><u>\$ 22,760</u></u>	<u><u>\$22,760</u></u>

PER PAY PERIOD - DECEMBER 1, 2008 THRU JUNE 30, 2009

<u>POSITION NO.</u>	<u>JOB TITLE</u>	<u>STATUS</u>	<u>CURRENT</u>	<u>COMPENSATION DIFFERENCE</u>	<u>PROPOSED</u>
NEW POSITION	ENVIRONMENTAL TECH SPEC.	F	-	\$ 1,825	\$ 1,825
001525	PUBLIC HEALTH NURSE	F	<u>\$2,180</u>	<u>\$ -</u>	<u>\$ 2,180</u>
	Total		<u><u>\$ 2,180</u></u>	<u><u>\$ 1,825</u></u>	<u><u>\$ 4,005</u></u>

DIVISION OF HEALTH SERVICES
LEAD GRANT - CITY OF MEMPHIS
DECEMBER 1, 2008 - JUNE 30, 2009
BUDGET NO. 327 & 328-400513 ROLLUP
COST CENTER HO513

<u>POSITION NO.</u>	<u>JOB TITLE</u>	<u>STATUS</u>	<u>CURRENT</u>	<u>COMPENSATION DIFFERENCE</u>	<u>PROPOSED</u>
NEW POSITION	ENVIRONMENTAL TECH SPEC.	F	\$0	\$ 7,500	\$7,500
001525	PUBLIC HEALTH NURSE	F	<u>\$26,160</u>	<u>\$ -</u>	<u>\$26,160</u>
	Total		<u><u>\$26,160</u></u>	<u><u>\$ 7,500</u></u>	<u><u>\$33,660</u></u>

PER PAY PERIOD - JULY 1, 2008 THRU JUNE 30, 2009

<u>POSITION NO.</u>	<u>JOB TITLE</u>	<u>STATUS</u>	<u>CURRENT</u>	<u>COMPENSATION DIFFERENCE</u>	<u>PROPOSED</u>
NEW POSITION	ENVIRONMENTAL TECH SPEC.	F	\$0	\$ 1,825	\$1,825
001525	PUBLIC HEALTH NURSE	F	<u>\$2,180</u>	<u>\$ -</u>	<u>\$ 2,180</u>
	Total		<u><u>\$ 2,180</u></u>	<u><u>\$ 1,825</u></u>	<u><u>\$ 4,005</u></u>

DATE: 02/25/09

IN-HOUSE ROUTE SHEET
RESOLUTION CHECK-OFF LIST

BUDGET #:	328-400513
PERIOD OF TIME:	12/01/08 - 11/30/11
AMOUNT:	\$553,650.00
DESCRIPTION:	CITY LEAD GRANT PROGRAM

	INITIALS	DATE RECEIVED	FORWARDED
SECTION MANAGER LEILANI SPENCE			
COMMENTS:			

	INITIALS	DATE RECEIVED	FORWARDED
RUSSELL			
COMMENTS:			

	INITIALS	DATE RECEIVED	FORWARDED
ACCOUNTANT BENNETT			
COMMENTS:			

	INITIALS	DATE RECEIVED	FORWARDED
LACHAPELLE			
COMMENTS:			

	INITIALS	DATE RECEIVED	FORWARDED
FARRIS			
COMMENTS:			

	INITIALS	DATE RECEIVED	FORWARDED
BETTIE NORFLEET			
COMMENTS:			

	INITIALS	DATE RECEIVED	FORWARDED
MADLOCK			
COMMENTS:			

	INITIALS	DATE RECEIVED	FORWARDED
HIPPA REVIEW			
COMMENTS:			

AND, IF APPLICABLE, THE HEALTH POLICY COORDINATOR, AND ATTACHED TO ALL CONTRACT AND RESOLUTION PACKETS BEFORE ANY ACTION WILL BE TAKEN.

- | | | |
|-----|--|---|
| 1. | Department Requesting Services: | <u>HEALTH DEPARTMENT</u> |
| 2. | Preparer's Name, Telephone # | |
| | Johnathan Russell | 544-7585 johnathan.russell@shelbycountyttn.gov |
| 3. | DESCRIPTION OF ITEM TO BE PURCHASED, BUILT, OR SERVICE TO BE PROVIDED: | |
| | <u>MSCHD provides blood lead testing, regular nurse follow-up visits and clearances on units receiving lead hazard control.</u> | |
| 4. | NAME, ADDRESS, VENDOR NUMBER, SOCIAL SECURITY NUMBER, AND/OR FEDERAL I.D. NUMBER OF VENDOR/CONSULTANT/AGENCY WITH WHICH SHELBY COUNTY WILL BE CONTRACTING: | |
| | <u>City of Memphis - Housing & Community Development</u> | |
| | <u>701 North Main Street</u> | |
| | <u>Memphis, TN 38107</u> | |
| | VENDOR NO./FED ID NO. <u>18826</u> | |
| 5. | COST OF ITEM OR SERVICE REQUESTED: | <u>\$533,650.00 Revenue</u> |
| 6. | TERM OF PROPOSED CONTRACT/AGREEMENT: | <u>12/1/08-11/30/11</u> |
| 7. | FUND, ORG, AND ACCOUNT NUMBER (13 DIGITS) **FOR MULTIPLE ACCOUNTS, PLEASE SPECIFY DOLLAR AMOUNT FOR EACH** | |
| | <u>328-400513-4401 - Encumbrance Not Required - Revenue</u> | |
| 8. | COMMODITY CODE: | <u>961</u> |
| 9. | VENDOR/CONSULTANT/AGENCY SELECTED BY (CHECK ONE) : | |
| | **PLEASE ATTACH APPROVAL DOCUMENTS** | |
| | a. _____ | Bid/RFP Process - # & Date _____ |
| | b. _____ | Emergency/Sole Source _____ |
| 10. | LOS/MBE INFORMATION: Please check the appropriate description | |
| | _____ MBE | (MINORITY OWNED BUSINESS ENTERPRISE) |
| | | _____ MALE _____ FEMALE |
| | _____ WBE | (WOMEN OWNED BUSINESS ENTERPRISE) |
| | _____ LOSB | (LOCALLY OWNED SMALL BUSINESS) |
| | | ANNUAL SALES DOES NOT EXCEED \$3 MILLION |
| | _____ X | N/A |
| 11. | SPECIAL INSTRUCTIONS (ROUTING, FUNDING, BUDGET TRANSFER IN PROCESS) | |

REVIEWED AND APPROVED BY:

DEPARTMENT HEAD DATE

DATE _____

HEALTH POLICY COORDINATOR (If Applicable)	DATE
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DIVISION DIRECTOR _____ **DATE** _____

DATE _____